

Sample (valid from 7-05 to present)

Illinois Voluntary Acknowledgment of Paternity

Instructions: Please **PRINT** in **BLACK** ink. Press hard and use a ballpoint pen. Do not cross out words or make corrections or your form will be rejected. If you make a mistake, ask for a new form.

Read carefully and complete all requested information before signing this form. You may call the Child Support Customer Service Call Center at 1-800-447-4278 if you have questions. The child's name may be changed on the child's birth certificate by application within one year of completing this document. Questions about that process or about the birth certificate in general must be directed to the Illinois Department of Public Health, Division of Vital Records, at www.idph.state.il.us/vitalrecords or 217-782-6554.

Child's First Name	Middle Name	Last Name (same as on birth certificate)	Sex (circle) M F
Date of Birth (month/day/year)	Place of Birth – Hospital Name	City/State	

Father's Name (first/middle/last)	Date of Birth (month/day/year)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number

Mother's Name (first/middle/last)	Mother's Maiden Name	Date of Birth (month/day/year)	Place of Birth (city/state)
Address	City/State/Zip	Social Security Number	
Were you married to a man other than the biological father when this child was conceived or born? Yes _____ No _____ If yes, a Denial of Paternity must also be completed by the mother and husband/ex-husband to place the biological father's name on this child's birth certificate.			

Parents' Rights & Responsibilities

I state that:

1. I understand that this is a legal document. I understand that when the Voluntary Acknowledgment of Paternity is signed and witnessed, it is the same as a court order determining the legal relationship between a father and child.
2. I understand that if I am a minor, I have the right to sign and have this form witnessed without my guardian's permission. I understand that when the parents are minors, paternity is not conclusive until six months after the younger of the parents turns 18, however, a support order may be entered.
3. I acknowledge that I am the biological parent of the child named on this Voluntary Acknowledgment of Paternity and waive my rights to genetic testing.
4. I accept responsibility to provide financial support for my child. I understand that financial support may include child support and medical support starting from the child's birth until the child is at least 18 years old.
5. I understand that both parents have the right to all notices of any adoption proceedings.
6. I understand that this Voluntary Acknowledgment of Paternity does not give custody or visitation to the father. However, this Voluntary Acknowledgment of Paternity gives the father the right to ask the court for custody or visitation.
7. I understand that either the mother or father may withdraw the action of signing the Voluntary Acknowledgment of Paternity by signing a Rescission of Voluntary Acknowledgment of Paternity. The Rescission must be signed and received by the Department within 60 days of signing the Voluntary Acknowledgment of Paternity or the date of a proceeding relating to the child, whichever occurs earlier.
8. I have read the instructions on the back of this form, been provided an oral explanation about the Voluntary Acknowledgment of Paternity and understand my rights and responsibilities created and waived by signing this form. For an oral explanation, call the Child Support Customer Service Call Center at 1-800-447-4278.

Father's Signature _____	Mother's Signature _____
Date Signed _____	Date Signed _____
Print Name of Father _____	Print Name of Mother _____
Witness' Signature _____	Witness' Signature _____
Print Name of Witness _____	Print Name of Witness _____
Witness Address _____	Witness Address _____

Original – Send to HFS/ACU, 110 W Lawrence, Springfield, IL 62704, if signed in hospital. Send original and first copy to HFS if signed outside hospital.

HFS 3416B (R-7-05)

IL478-2370

____ For Official Use Only _____
Case # _____ Docket # _____ CP RIN _____ NCP RIN _____ Child RIN _____